

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5785

FILED NOV 21 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
aprox 41 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 140th & Raytown Road

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
140th & Raytown Rd.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Mrs. DORA ETHEL McCOLLUM

4. DATE OF DEATH
Month Day Year
October 2, 3, 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-7-1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Rochester, Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John H. Barnhart

13b. MOTHER'S MAIDEN NAME

Ellen Stingley

14. NAME OF HUSBAND OR WIFE

Barnet B. McCollum

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

14

17. INFORMANT

Mrs. Juanita Copeland

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia (Hypostatic)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cirrhosis of the Liver

DUE TO (c)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-19-54 to 10-23-63 and last saw her alive on 10-23-63
Death occurred at 6:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

13121 71 Highway Grandview Mo 64031

22c. DATE SIGNED

10-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-25-63

23c. NAME OF CEMETERY OR CREMATORY

Lee Summit Cemetery

23d. LOCATION (City, town, or county)

Lee Summit, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Funeral Home
Linwood & Woodland

25. DATE RECD. BY LOCAL REG.

10-25-63

26. REGISTRAR'S SIGNATURE

Beasie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Test

DATE AMENDED

ITEM NO.

VS 300
Rev. 4/59

1

23 x 88

3

4 1

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9581.0

10

11

12 90-2

13

Dr. Robert L. Heat
13121 - 71 Highway
So. 1 - 5515
10-12 }
1-5 } Friday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Wair

Licensed Embalmer No. 4650

P. O. Address K. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.